

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. * 1200

Place of Birth Miami Ave County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* <u>Female</u>	Twin Triplet or other	and	Number in order of birth
DATE OF BIRTH* <u>May 29 1926</u>	(Month)	(Day)	(Year)
FULL NAME <u>Juan</u>	FATHER <u>Nadarrette</u>		
FULL MAIDEN NAME <u>Maria Medina</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Amparo M. Nadarrette
(Give name in full) (Surname)

Maria Medina
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

155 - 529 - 4111